



Teacher Questionnaire Grade 1

Dear Parents/Guardians,

Please complete the following information and sign the statement below. Give this form and the attached envelope to your child's current teacher. Please provide a stamp for the convenience of your child's teacher.

Student Name Grade Applying

Current School/Daycare Teacher's Name

I acknowledge that I waive my rights to read the **confidential Teacher Questionnaire**. I also give permission to Gesu Catholic School to contact my child's teacher if additional information is necessary.

Name of Parent/Guardian

Signature of Parent/Guardian Date

Teachers,

Please read each item below and circle the number that indicates the frequency of occurrence with the last two weeks for this child. If you are uncertain about any item, give your best estimate. Please answer every item.

| | Almost Never | Once in a While | Moderately Often | Most of the Time | Almost Always |
|---|-------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------|
| Works/plays well alone | 1 | 2 | 3 | 4 | 5 |
| Accepts when things do not go his/her way | 1 | 2 | 3 | 4 | 5 |
| Difficulty sustaining attention | 1 | 2 | 3 | 4 | 5 |
| Disruptive during class | 1 | 2 | 3 | 4 | 5 |
| Expresses self freely | 1 | 2 | 3 | 4 | 5 |
| Completes projects/Assignments | 1 | 2 | 3 | 4 | 5 |
| Friendly towards peers | 1 | 2 | 3 | 4 | 5 |
| Difficulty following directions | 1 | 2 | 3 | 4 | 5 |
| Easily soothed when upset | 1 | 2 | 3 | 4 | 5 |
| Names all letters of the alphabet | 1 | 2 | 3 | 4 | 5 |

| | Almost Never | Once in a While | Moderately Often | Most of the Time | Almost Always |
|--|-------------------------|----------------------------|-----------------------------|-----------------------------|--------------------------|
| Ignores teasing | 1 | 2 | 3 | 4 | 5 |
| Participates in class | 1 | 2 | 3 | 4 | 5 |
| Functions well with distraction | 1 | 2 | 3 | 4 | 5 |
| Makes friends easily | 1 | 2 | 3 | 4 | 5 |
| Has poor self-control | 1 | 2 | 3 | 4 | 5 |
| Appears sad | 1 | 2 | 3 | 4 | 5 |
| Counts to 20 when asked | 1 | 2 | 3 | 4 | 5 |
| Follows rules/limits | 1 | 2 | 3 | 4 | 5 |
| Offers to assist other children | 1 | 2 | 3 | 4 | 5 |
| Works/plays well without adult support | 1 | 2 | 3 | 4 | 5 |
| Works/plays well with others | 1 | 2 | 3 | 4 | 5 |
| Seeks attention from peers or teachers | 1 | 2 | 3 | 4 | 5 |
| Able to sit for 15 min. lesson | 1 | 2 | 3 | 4 | 5 |
| Shows interest in learning | 1 | 2 | 3 | 4 | 5 |
| Handles disappointment well | 1 | 2 | 3 | 4 | 5 |
| Quickly joins group activities | 1 | 2 | 3 | 4 | 5 |
| Follows classroom routines | 1 | 2 | 3 | 4 | 5 |
| Well-liked by classmates | 1 | 2 | 3 | 4 | 5 |

What are this child's favorite classroom activities? _____

What are this child's strengths? _____

In what areas does this child need to continue to develop? _____

Describe this child's behavior during the transition from parents/caregivers to school. _____

Thank you for taking the time to complete the teacher questionnaire. May we contact you if we have additional questions? _____

Teacher's Signature

Email

Best Contact Number